



Addiction and Recovery Treatment Services (ARTS)
Reimbursement Structure

DMAS APPROVED CODES & RATES
APPROVED BY CENTERS FOR MEDICARE AND MEDICAID SERVICES AUGUST 25, 2017

| Community Based Care | | | | | | | | |
|------------------------------|---|--|------------|---|----------------|---|--|--|
| Billing Code | Service Name | Service Description | ASAM Level | Unit Lengths Annual Limit (per fiscal year) | Rates per Unit | Authorization Required | Notes | Medicaid/FAMIS/GAP Coverage |
| H0006 | Substance Use Case Management (licensed by DBHDS) | Targeted Substance Use Case Management Services-provided by DBHDS licensed case management provider. | N/A | 1 unit = 1 month | \$243.00* | No | Not reimbursable with any other Medicaid covered case management service. | Medicaid/FAMIS FFS member = bill Magellan Medicaid/FAMIS MCO member = bill MCO Non-covered for GAP. GAP Members covered by GAP Case Management |
| T1012 | Peer support services - individual Effective 7/1/17 | Self help/Peer Services. Peer provided services to initiate clinical service utilization and self-determination strategies - individual | N/A | 1 unit = 15 minutes | \$6.50 | Yes | May be provided in any ASAM Level | Medicaid/FAMIS FFS/GAP member = bill Magellan Medicaid/FAMIS MCO member = bill MCO |
| S9445 | Peer support services - group Effective 7/1/17 | Self help/Peer Services. Peer provided services to initiate clinical service utilization and self-determination strategies - group setting | N/A | 1 unit = 15 minutes | \$2.70 | Yes | May be provided in any ASAM Level | Medicaid/FAMIS FFS/GAP member = bill Magellan Medicaid/FAMISMCO member = bill MCO |
| H0015 or rev 0906 with H0015 | Intensive outpatient | Structured program delivering 9-19 hours per week, before/after work/school, in evening and/or weekends to meet complex needs of people with addition and co-occurring conditions. | 2.1 | 1 unit = 1 day | \$250.00* | Yes, URGENT: Review within 72 hours, PA retroactive | 3 hours per day minimum of clinical programming and minimum of 9 hours per week adult / minimum of 6 hours per week adolescent Additional Services that can be billed: •Level 1WM or 2WM for MAT Induction •Physician Visits (CPT or E&M Codes) •Drug Screens/Labs •Medications | Medicaid/FAMIS FFS/GAP member = bill Magellan Medicaid/FAMIS MCO member = bill MCO |

Note: Labs should only be billed if performed in-house.
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| S0201 or rev 0913 with S0201 | Partial Hospitalization | 20 or more hours of clinically intensive programming per week with a planned format of individualized and family therapies. | 2.5 | 1 unit = 1 day | \$500.00* | Yes, URGENT: Review within 72 hours, PA retroactive | 5 Hours per day minimum of clinical programming <u>and</u> minimum of 20 service hours per week. Additional Services that can be billed: •Level 1WM or 2WM for MAT Induction •Physician Visits (CPT or E&M Codes) •Drug Screens/Labs •Medications | Medicaid/FAMIS FFS member = bill Magellan Medicaid/FAMIS MCO member = bill MCO Effective 10/1/17: Covered for GAP = bill Magellan |
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*Special
Note:

The rates for Substance Use Case Management, Substance Use Care Coordination, Opioid Treatment Programs (OTPs), Office Based Opioid Treatment (OBOT) services, Partial Hospitalization Programs and Intensive Outpatient Programs are designed to build an infrastructure for quality care. DMAS will work with Managed Care Organizations to develop accountability using financial incentives. Full payment will require providers to meet structural requirements, report quality and outcome metrics, and have a significant portion of payments at risk. Within 3 years, providers must meet thresholds for process and outcome measures. Managed Care Organizations will also be encouraged in the next 3-5 years to develop risk-based alternative payment models such as bundled payments and medical homes.

| Opioid Treatment Programs (OTP) / Office Based Opioid Treatment (OBOT) | | | | | | | | |
|--|--|--|------------|--|--|---------------------------|---|---|
| Billing Code | Service Name | Service Description | ASAM Level | Unit Lengths Annual Limit (per fiscal year) | Rates per Unit | Authorization Required | Notes | Coverage |
| H0014 | Medication Assisted Treatment (MAT) day one induction - Physician | Alcohol and/or drug services; ambulatory detoxification; All non- facility withdrawal management inductions | OTP/OBOT | Per encounter. Limit of 3 induction encounters per calendar year per provider. | \$140.00 | No | Used on OTP/OBOT setting only. | Medicaid/FAMIS FFS/GAP member = bill Magellan Medicaid/FAMIS MCO member = bill MCO |
| 99211-99215 | Physician/Nurse Practitioner Evaluation and management visits | MAT - Evaluation and management visit - Follow up and maintenance services | OTP/OBOT | CPT values | CPT rates as of July 1, 2016: Age <21 = \$15.43 to 112.14 Age >20 = \$13.48 to 97.95 | No | If a member fails 3 buprenorphine MAT inductions in a calendar year in an OBOT setting, the member should be referred to an OTP for assessment for Methadone program. | Medicaid/FAMIS FFS/GAP member = bill Magellan Medicaid/FAMIS MCO member = bill MCO |

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| G9012 | Substance Use Care Coordination | OBOT and OTP Substance Use Care coordination to manage MAT treatment | N/A | 1 unit = 1 month | \$243.00* | No | Used in OBOT and OTP setting only. Not reimbursable with any other Medicaid covered case management service. | Medicaid/FAMIS FFS/GAP member = bill Magellan Medicaid/FAMIS MCO member = bill MCO Must be billed with moderate to severe Opioid Use Disorder as primary diagnosis for non-pregnant members. Pregnant members any opioid use. |
| H0020 | Medication Administration | Medication adminstration by RN / LPN | OTP | Per encounter | \$8.00 | No | Used in OTP setting only | Medicaid/FAMIS FFS/GAP member = bill Magellan Medicaid/FAMIS MCO member = bill MCO |
| H0004 | Opioid treatment services - Individual | Opioid Treatment - individual counseling | OTP/OBOT | 1 unit=15 minutes | \$24.00 | No | Used in OBOT and OTP setting only | Medicaid/FAMIS FFS/GAP member = bill Magellan Medicaid/FAMIS MCO member = bill MCO |
| H0005 | Opioid treatment services - Group | Opioid Treatment - group counseling and family therapy | OTP/OBOT | 1 unit=15 minutes | \$7.25 | No | Used in OTP/OBOT setting only 10 individuals maximum per group | Medicaid/FAMIS FFS/GAP member = bill Magellan Medicaid/FAMIS MCO member = bill MCO |
| 82075 | Alcohol Breathalyzer | Toxicology/Lab | | CPT values | CPT rates as of 7/1/14: \$5.52 | No | | Medicaid/FAMIS FFS/GAP member = bill DMAS Medicaid/FAMIS MCO member = bill MCO |
| 80305-80307 | Presumptive drug class screening, any drug class | Toxicology/Lab | OTP/OBOT 1WM-2WM | CPT values | CPT rates as of 4/1/17: 80305-\$14.96, 80306-\$19.95, 80307-\$79.81 | No | Use these codes for urine drug screening and alcohol mouth swab test | Medicaid/FAMIS FFS/GAP member = bill Magellan Medicaid/FAMIS MCO member = bill MCO |
| G0480-G0483 | Definitive drug classes | Toxicology/Lab | OTP/OBOT 1WM-2WM | CPT values | CPT rates as of 4/1/17: G0480-\$79.74, G0481-\$122.99, G0482-\$166.03, G0483-\$215.23 | No | | Medicaid/FAMIS FFS/GAP member = bill DMAS Medicaid/FAMIS MCO member = bill MCO |

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| 86592 86593 86780 | RPR Test | Toxicology/Lab | | CPT values | CPT rates as of 7/1/14: 86592 - \$4.18, 86593 - \$4.82, 86780 - \$16.02 | No | Required upon initiating treatment with methadone by federal regulations. | Medicaid/FAMIS FFS/GAP member = bill DMAS Medicaid/FAMIS MCO member = bill MCO |
| 86704 86803 86701 86702 86703 | Hepatitis B and C / HIV Tests | Toxicology/Lab | | CPT values | CPT rates as of 7/1/14: Hep B and C: 86704 - \$13.93, 86803 - \$16.49 86702 - \$9.20, 86703-\$11.48 HIV: 86701 - \$10.27 | No | Virginia Department of Health encourages at least annual screening of all individuals with substance use disorder for HIV, Hepatitis B and C | Medicaid/FAMIS FFS/GAP member = bill DMAS Medicaid/FAMIS MCO member = bill MCO |
| 81025 | Pregnancy Test | Toxicology/Lab | | CPT values | CPT rate as of 7/1/14: \$7.30 | No | Strongly recommend pregnancy test before initiating treatment. | Medicaid/FAMIS FFS/GAP member = bill DMAS Medicaid/FAMIS MCO member = bill MCO |
| 86580 | TB Test | Toxicology/Lab | | CPT values | CPT rate as of 7/1/16: 6.72 | No | Virginia Department of Health encourages at least annual screening of all individuals with substance use disorder for tuberculosis | Medicaid/FAMIS FFS/GAP member = bill DMAS Medicaid/FAMIS MCO member = bill MCO |
| 93000 93005 93010 | EKG | Toxicology/Lab | | CPT values | 93000 - Age <21=\$14.66, Age>20=\$14.66 93005 Age <21=\$7.33, Age>20=\$7.33 93010- Age <21=\$7.33, Age>20=\$7.33 | No | | Medicaid/FAMIS FFS/GAP member = bill DMAS Medicaid/FAMIS MCO member = bill MCO |
| J0570 | Probuphine (buprenorphine implant) 74.2 mg | Medication administration by provider | OTP 1WM-2WM and other settings Community based settings ASAM Levels 2.1 to 3.7 | 1 unit=6 months | | Yes | Used as part of a comprehensive substance use disorder treatment program to include counseling and psychoisoical support. See service authorization criteria on ARTS website. | Medicaid/FAMIS FFS/GAP member = bill DMAS Medicaid/FAMIS MCO member = bill MCO |

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|---|--|---------------------------------------|---|-----------|---|-----|--|--|
| S0109 J0571 J0572 J0573 J0574 J0575 J2315 | Medication administration in clinic | Medication administration by provider | OTP 1WM-2WM and other settings Community based settings ASAM Levels 2.1 to 3.7 | | S0109 Methadone oral 5 mg \$0.26/5 mg J0571 Buprenorphine, oral, 1 mg \$1.00/unit J0572 Buprenorphine/naloxone oral <=3 mg \$4.34/unit J0573 Buprenorphine/naloxone oral >=3 mg but <= 6 mg \$ 7.76/ unit J0574 Buprenorphine/naloxone oral >=6 mg but <=10 mg \$ 7.76/unit J0575 Buprenorphine/naloxone oral >10 mg \$ 15.52/unit J2315 Naltrexone Injection, depot form, 1 mg \$3.24/unit (rate change effective 4/1/17). | No* | MD visits, counseling, case management and medical services allowed concurrently. No SA required The Naltrexone injection does not require service authorization regardless if dispensed by physician or pharmacy. | Medicaid/FAMIS FFS/GAP member = bill Magellan Medicaid/FAMISMCO member = bill MCO |
| Q3014 – GT | Telehealth originating site facility fee | | 1WM-2WM | Per Visit | \$20.00 | No | | |

*Special Note: The rates for Substance Use Case Management, Substance Use Care Coordination, Opioid Treatment Programs (OTPs), Office Based Opioid Treatment (OBOT) services, Partial Hospitalization Programs and Intensive Outpatient Programs are designed to build an infrastructure for quality care. DMAS will work with Managed Care Organizations to develop accountability using financial incentives. Full payment will require providers to meet structural requirements, report quality and outcome metrics, and have a significant portion of payments at risk. Within 3 years, providers must meet thresholds for process and outcome measures. Managed Care Organizations will also be encouraged in the next 3-5 years to develop risk-based alternative payment models such as bundled payments and medical homes.

| Medication Assisted Treatment (MAT) - Outpatient Settings - non OTP/OBOT Settings | | | | | | | | |
|---|--|--|------------|---|---|------------------------|-------|---|
| Billing Code | Service Name | Service Description | ASAM Level | Unit Lengths Annual Limit (per fiscal year) | Rates per Unit | Authorization Required | Notes | Coverage |
| 99201-99205 | Evaluation and management services new patient | Evaluation and Management services new patient | 1WM-2WM | N/A | CPT rates as of July 1, 2016: Age <21 = \$34.16 to 160.35 Age >20 = \$29.84 to 140.06 | No | | Medicaid/FAMIS FFS/GAP member = bill Magellan Medicaid/FAMIS MCO member = bill MCO |

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| 99211-99215 | Evaluation and management services established patient | Evaluation and Management services established patient | 1WM-2WM | N/A | CPT rates as of July 1, 2016: Age <21 = \$15.43 to 112.14 Age >20 = \$13.48 to 97.95 | No | | Medicaid/FAMIS FFS/GAP member = bill Magellan Medicaid/FAMIS MCO member = bill MCO |
| 82075 | Alcohol Breathalyzer | Toxicology/Lab | | CPT values | CPT rates as of 7/1/14: \$5.52 | No | | Medicaid/FAMIS FFS/GAP member = bill DMAS Medicaid/FAMIS MCO member = bill MCO |
| 80305-80307 | Presumptive drug class screening, any drug class | Toxicology/Lab | OTP/OBOT 1WM-2WM | CPT values | CPT rates as of 4/1/17: 80305-\$14.96, 80306-\$19.95, 80307-\$79.81 | No | Use these codes for urine drug screening and alcohol mouth swab test | Medicaid/FAMIS FFS/GAP member = bill Magellan Medicaid/FAMIS MCO member = bill MCO |
| G0480-G0483 | Definitive drug classes | Toxicology/Lab | OTP/OBOT 1WM-2WM | CPT values | CPT rates as of 1/1/16: G0480-\$79.74, G0481-\$122.99, G0482-\$166.03, G0483-\$215.23 | No | | Medicaid/FAMIS FFS/GAP member = bill DMAS Medicaid/FAMIS MCO member = bill MCO |
| 86592 86593 86780 | RPR Test | Toxicology/Lab | | CPT values | CPT rates as of 7/1/14: 86592 - \$4.18, 86593 - \$4.82, 86780 - \$16.02 | No | Required upon initiating treatment with methadone by federal regulations. | Medicaid/FAMIS FFS/GAP member = bill DMAS Medicaid/FAMIS MCO member = bill MCO |
| 86704 86803 86701 86702 86703 | Hepatitis B and C / HIV Tests | Toxicology/Lab | | CPT values | CPT rates as of 7/1/14: Hep B and C: 86704 - \$13.93, 86803 - \$16.49 86702 - \$9.20, 86703-\$11.48 HIV: 86701 - \$10.27, | No | Virginia Department of Health encourages at least annual screening of all individuals with substance use disorder for HIV, Hepatitis B and C | Medicaid/FAMIS FFS/GAP member = bill DMAS Medicaid/FAMIS MCO member = bill MCO |
| 81025 | Pregnancy Test | Toxicology/Lab | | CPT values | CPT rate as of 7/1/14: \$7.30 | No | Strongly recommend pregnancy test before initiating treatment. | Medicaid/FAMIS FFS/GAP member = bill DMAS Medicaid/FAMIS MCO member = bill MCO |

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|-------------------------------------|--|--------------------|-----------|---|--|----|--|---|
| 86580 | TB Test | Toxicology/Lab | | CPT values | CPT rate as of 7/1/16: 6.72 | No | Virginia Department of Health encourages at least annual screening of all individuals with substance use disorder for tuberculosis | Medicaid/FAMIS FFS/GAP member = bill DMAS Medicaid/FAMIS MCO member = bill MCO |
| 93000 93005 93010 | EKG | Toxicology/Lab | | CPT values | 93000 - Age <21=\$14.66, Age>20=\$14.66 93005 Age <21=\$7.33, Age>20=\$7.33 93010- Age <21=\$7.33, Age>20=\$7.33 | No | | Medicaid/FAMIS FFS/GAP member = bill DMAS Medicaid/FAMIS MCO member = bill MCO |
| 90832 Add GT if needed (w/o E&M) | Psychotherapy, 30 minutes with patient and/or family member | Outpatient service | 1 and 1WM | Varies based on MD face time with patient | CPT OP rate as of 7/1/16 = \$54.67 | No | | Medicaid/FAMIS FFS/GAP member = bill Magellan Medicaid/FAMIS MCO member = bill MCO |
| 90833 Add GT if needed (w/ E&M) | Psychotherapy, 30 minutes with patient and/or family member when performed with an evaluation and management service | Outpatient service | 1 and 1WM | Varies based on MD face time with patient | CPT OP rate as of 7/1/16 = \$56.51 | No | | Medicaid/FAMIS FFS/GAP member = bill Magellan Medicaid/FAMIS MCO member = bill MCO |
| 90834 Add GT if needed (w/o E&M) | Psychotherapy, 45 minutes with patient and/or family member | Outpatient service | 1 and 1WM | N/A | CPT OP rate as of 7/1/16 = \$72.69 | No | | Medicaid/FAMIS FFS/GAP member = bill Magellan Medicaid/FAMIS MCO member = bill MCO |
| 90836 Add GT if needed (w/ E&M) | Psychotherapy, 45 minutes with patient and/or family member when performed with an evaluation and management service | Outpatient service | 1 and 1WM | N/A | CPT OP rate as of 7/1/16 = \$71.78 | No | List separately in addition to the code for the primary procedure | Medicaid/FAMIS FFS/GAP member = bill Magellan Medicaid/FAMIS MCO member = bill MCO |
| 90837 Add GT if needed (w/o E&M) | Psychotherapy, 60 minutes with patient and/or family member | Outpatient service | 1 and 1WM | N/A | CPT OP rate as of 7/1/16 = \$109.04 | No | | Medicaid/FAMIS FFS/GAP member = bill Magellan Medicaid/FAMIS MCO member = bill MCO |

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| 90838 Add GT if needed (w/ E&M) | Psychotherapy, 60 minutes with patient and/or family member when performed with an evaluation and management service | Outpatient service | 1 and 1WM | N/A | CPT OP rate as of 7/1/16 = \$94.68 | No | List separately in addition to the code for the primary procedure | Medicaid/FAMIS FFS/GAP member = bill Magellan Medicaid/FAMIS MCO member = bill MCO |
| 90846 Add GT if needed | Family psychotherapy (without patient present) | Outpatient service | 1 and 1WM | 45 minutes to 1 hour | CPT OP rate as of 7/1/16 = \$88.27 | No | | Medicaid/FAMIS FFS/GAP member = bill DMAS Medicaid/FAMIS MCO member = bill MCO |
| 90847 Add GT if needed | Family psychotherapy (with patient present) | Outpatient service | 1 and 1WM | 45 minutes to 1 hour | CPT OP rate as of 7/1/16 = \$91.32 | No | | Medicaid/FAMIS FFS/GAP member = bill DMAS Medicaid/FAMIS MCO member = bill MCO |
| 90853 Add GT if needed | Group psychotherapy (other than multi-family) | Outpatient service | 1 and 1WM | Per encounter | CPT OP rate as of 7/1/16 = \$21.99 | No | Use 90853 in conjunction with 90785 for the specified patient when group psychotherapy includes interactive complexity. | Medicaid/FAMIS FFS/GAP member = bill Magellan Medicaid/FAMIS MCO member = bill MCO |
| 90863 Add GT if needed | Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services | Outpatient service | 1 and 1WM | Use in conjunction with 90832, 90834, 90837 | CPT OP rate as of 1/1/13 = \$48.93 | No | Pharmacologic management including prescription and review of medication, when performed with psychotherapy services. | Medicaid/FAMIS FFS/GAP member = bill Magellan Medicaid/FAMIS MCO member = bill MCO |
| Q3014 – use GT | Telehealth originating site facility fee | | 1WM-2WM | Per Visit | \$20.00 | No | | Medicaid/FAMIS FFS/GAP member = bill Magellan Medicaid/FAMIS MCO member = bill MCO |

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| Residential and Inpatient Treatment | | | | | | | | |
|--|--|---|------------|--|----------------|---|--|--|
| Billing Code | Service Name | Service Description | ASAM Level | Unit Lengths Annual Limit (per fiscal year) | Rates per Unit | Authorization Required | Notes | Coverage |
| H2034 | Clinically managed low intensity residential services | Alcohol and/or drug abuse halfway house services, per diem. Supportive living environment with 24-hour staff and integration with clinical services; at least 5 hours of low-intensity treatment per week. | 3.1 | 1 unit = 1 day | \$175 | Yes – ASAM Assessment by Independent Third Party Required URGENT: reviewed within 72 hours | Daily rate includes all services. Additional services consist of Outpatient, Intensive Outpatient, Partial Hospitalization Program, and all Medication Assisted Treatment in which can be billed separately. | Medicaid/FAMIS FFS member = bill Magellan Medicaid/FAMIS MCO member = bill MCO Effective 10/1/17: covered for GAP - bill Magellan |
| H0010 Rev 1002 Use modifier TG | Clinically managed population-specific high intensity residential services | Alcohol and /or drug services; sub-acute detoxification (residential addiction program inpatient). Adults only Clinically managed therapeutic rehabilitative facility for adults with cognitive impairment including developmental delay. Staffed by credentialed addiction professionals, physicians/physician extenders, and credentialed MH professionals. Clinically directed withdrawal management may be provided (ASAM Level 3.2WM) | 3.3 | 1 unit = 1 day | Max \$393.50 | Yes – ASAM Assessment by Independent Third Party Required URGENT: reviewed within 72 hours | Per Diem covers all Therapeutic Programming. Additional Services that can be billed: •Physician Visits (E&M Codes) •Drug Screens/Labs •Medications | Medicaid FFS member = bill Magellan Medicaid MCO member = bill MCO Effective 10/1/17: covered for GAP = bill Magellan Non-covered for FAMIS Non-covered for FAMIS MOMS |

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| <p>H0010 Rev 1002</p> <p>Adult - use modifier HB</p> <p>Adolescent - use modifier HA</p> | <p>Clinically managed high-intensity residential services (Adult)</p> <p>Clinically managed medium-intensity residential services (Adolescent)</p> | <p>Alcohol and /or drug services; sub-acute detoxification (residential addiction program inpatient). Clinically managed therapeutic community or residential treatment facility providing high intensity services for adults or medium intensity services for adolescents. Staffed by licensed/credentialed clinical staff including addiction counselors, LCSWs, LPCs, physicians/physician extenders, and credentialed MH professionals.</p> <p>Clinically directed withdrawal management may be provided (ASAM Level 3.2WM)</p> | 3.5 | 1 unit = 1 day | <p>*Psychiatric Units & Freestanding Psychiatric Hospitals = psychiatric per diem rate +Residential Treatment Services = max. \$393.50</p> | <p>Yes – ASAM Assessment by Independent Third Party Required URGENT: reviewed within 72 hours</p> | <p>Per Diem covers all Therapeutic Programming. Additional Services that can be billed:</p> <ul style="list-style-type: none"> •Physician Visits (E&M Codes) •Drug Screens/Labs •Medications | <p>Medicaid FFS member = bill Magellan</p> <p>Medicaid MCO member = bill MCO</p> <p>Effective 10/1/17: covered for GAP = bill Magellan</p> <p>+Non-covered for FAMIS</p> <p>+Non-covered for FAMIS MOMS</p> <p>*MCOs may elect to cover for FAMIS and FAMIS MOMS</p> |
| <p>H2036 Rev 1002</p> <p>Adult - use modifier HB</p> <p>Adolescent - use modifier HA</p> | <p>Medically monitored intensive inpatient services (Adult)</p> <p>Medically monitored high intensity inpatient services (Adolescent)</p> | <p>Alcohol and/or other drug treatment program, per diem. Planned and structured regimen of 24 hour professionally directed evaluation, observation, medical monitoring and addiction treatment in an inpatient setting consisting of freestanding facility or a specialty unit in a general or psychiatric hospital or other licensed health care facility.</p> <p>Medically Monitored Inpatient Withdrawal Management (ASAM Level 3.7 WM) may also be provided.</p> | 3.7 | 1 unit = 1 day | <p>*Psychiatric Units & Freestanding Psychiatric Hospitals = psychiatric per diem rate +Residential Treatment Services = max. \$393.50</p> | <p>Yes – ASAM Assessment by Independent Third Party Required URGENT: reviewed within 72 hours</p> | <p>Per Diem covers all Therapeutic Programming. Additional Services that can be billed:</p> <ul style="list-style-type: none"> •Physician Visits (E&M Codes) •Drug Screens/Labs •Medications | <p>Medicaid FFS member = bill Magellan</p> <p>Medicaid MCO member = bill MCO</p> <p>Effective 10/1/17: covered for GAP = bill Magellan</p> <p>+Non-covered for FAMIS</p> <p>+Non-covered for FAMIS MOMS</p> <p>*MCOs may elect to cover for FAMIS and FAMIS MOMS</p> |



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| H0011 Rev 1002 | Medically managed intensive inpatient services | Alcohol and/or drug services; acute detoxification. Medically Managed Intensive-Inpatient Services consist of 24 hour nursing care and daily physician care for severe, unstable problems in dimensions 1, 2 or 3. Counseling available. Medically Managed Inpatient Withdrawal Management (ASAM Level 4WM) may also be provided. | 4.0 | 1 unit = 1 day | Psychiatric Per Diem or DRG | Yes URGENT – Telephonic Approval Within 24 hours (1 calendar day) | Rate structure (psychiatric per diem vs. DRG payment) determined between provider and Medicaid MCO for Managed Care enrolled members / Provider and DMAS for fee-for-service members. | Medicaid/FAMIS FFS member = bill Magellan Medicaid/FAMIS MCO member = bill MCO Non-covered for GAP |
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| Outpatient Treatment | | | | | | | | |
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| Billing Code | Service Name | Service Description | ASAM Level | Unit Lengths Annual Limit (per fiscal year) | Rates per Unit | Authorization Required | Notes | Coverage |
| 90791 Add GT if needed | Psychiatric diagnostic evaluation | Outpatient service | 1 | 1 unit per rolling 12 months for same provider | CPT OP rate as of 7/1/16 = \$112.70 | No | Use 90785 in conjunction with 90791 or 90792 when the diagnostic evaluation includes interactive complexity services. | Medicaid/FAMIS FFS/GAP member = bill Magellan Medicaid/FAMIS MCO member = bill MCO |
| 90792 Add GT if needed | Psychiatric diagnostic evaluation with medical service | Outpatient service | 1 | 1 unit per rolling 12 months for same provider | CPT OP rate as of 7/1/16 = \$124.92 | No | Use 90785 in conjunction with 90791 or 90792 when the diagnostic evaluation includes interactive complexity services. | Medicaid/FAMIS FFS/GAP member = bill Magellan Medicaid/FAMIS MCO member = bill MCO |
| 90785 Add GT if needed | Interactive complexity service add-on code to office visits | Outpatient service | 1 | | CPT OP rate as of 7/1/16 = \$11.91 | No | List separately in addition to the code for primary procedure. | Medicaid/FAMIS FFS/GAP member = bill Magellan Medicaid/FAMIS MCO member = bill MCO |

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|-------------------------------------|--|--------------------|---|-----------------|--|----|--|---|
| 99408 | Alcohol and/or substance (other than tobacco) abuse structured screening: 15 - 30 minutes | Outpatient service | 1 | | CPT OP rate as of 7/1/16 = ages <21=\$25.83 >20=\$23.82 | No | | Medicaid/FAMIS FFS/GAP member & Magellan Credentialed Provider = bill Magellan Medicaid/FAMIS FFS member & DMAS Provider = bill DMAS Medicaid/FAMIS MCO member = bill MCO |
| 99409 | Alcohol and/or substance (other than tobacco) abuse structured screening: greater than 30 minutes | Outpatient service | 1 | | CPT OP rate as of 7/1/16 = ages <21=\$50.35 >20=\$46.45 | No | | Medicaid/FAMIS FFS/GAP member & Magellan Credentialed Provider = bill Magellan Medicaid/FAMIS FFS member & DMAS Provider = bill DMAS Medicaid/FAMIS MCO member = bill MCO |
| 90832 Add GT if needed (w/o E&M) | Psychotherapy, 30 minutes with patient and/or family member | Outpatient service | 1 | CPT unit values | CPT OP rate as of 7/1/16 = \$54.67 | No | | Medicaid/FAMIS FFS/GAP member = bill Magellan Medicaid/FAMIS MCO member = bill MCO |
| 90833 Add GT if needed (w/ E&M) | Psychotherapy, 30 minutes with patient and/or family member when performed with an evaluation and management service | Outpatient service | 1 | CPT unit values | CPT OP rate as of 7/1/16 = \$56.51 | No | List separately in addition to the code for primary procedure. | Medicaid/FAMISFFS/GAP member = bill Magellan Medicaid/FAMISMCO member = bill MCO |
| 90834 Add GT if needed (w/o E&M) | Psychotherapy, 45 minutes with patient and/or family member | Outpatient service | 1 | CPT unit values | CPT OP rate as of 7/1/16 = \$72.69 | No | | Medicaid/FAMIS FFS/GAP member = bill Magellan Medicaid/FAMIS MCO member = bill MCO |
| 90836 Add GT if needed (w/ E&M) | Psychotherapy, 45 minutes with patient and/or family member when performed with an evaluation and management service | Outpatient service | 1 | CPT unit values | CPT OP rate as of 7/1/16 = \$71.78 | No | List separately in addition to the code for primary procedure. | Medicaid/FAMIS FFS/GAP member = bill Magellan Medicaid/FAMIS MCO member = bill MCO |

Note: Labs should only be billed if performed in-house.
If patient or specimen sent to independent laboratory, the laboratory should bill.



Addiction and Recovery Treatment Services (ARTS) Reimbursement Structure

| | | | | | | | | |
|-------------------------------------|--|--------------------|---------|---|-------------------------------------|----|---|---|
| 90837 Add GT if needed (w/o E&M) | Psychotherapy, 60 minutes with patient and/or family member | Outpatient service | 1 | CPT unit values | CPT OP rate as of 7/1/16 = \$109.04 | No | | Medicaid/FAMIS FFS/GAP member = bill Magellan Medicaid/FAMIS MCO member = bill MCO |
| 90838 Add GT if needed (w/ E&M) | Psychotherapy, 60 minutes with patient and/or family member when performed with an evaluation and management service | Outpatient service | 1 | CPT unit values | CPT OP rate as of 7/1/16 = \$94.68 | No | List separately in addition to the code for primary procedure. | Medicaid/FAMIS FFS/GAP member = bill Magellan Medicaid/FAMIS MCO member = bill MCO |
| 90846 Add GT if needed | Family psychotherapy (without patient present) | Outpatient service | 1 | CPT unit values | CPT OP rate as of 7/1/16 = \$88.27 | No | | Medicaid/FAMIS FFS/GAP member = bill Magellan Medicaid/FAMIS MCO member = bill MCO |
| 90847 Add GT if needed | Family psychotherapy (with patient present) | Outpatient service | 1 | CPT unit values | CPT OP rate as of 7/1/16 = \$91.32 | No | | Medicaid/FAMIS FFS/GAP member = bill Magellan Medicaid/FAMIS MCO member = bill MCO |
| 90853 Add GT if needed | Group psychotherapy (other than multi-family) | Outpatient service | 1 | CPT unit values | CPT OP rate as of 7/1/16 = \$21.99 | No | Use 90853 in conjunction with 90785 for the specified patient when group psychotherapy includes interactive complexity. | Medicaid/FAMIS FFS/GAP member = bill Magellan Medicaid/FAMIS MCO member = bill MCO |
| 90863 | Pharmacologic management: prescription and review of medication, when performed with psychotherapy services | Outpatient service | 1WM-2WM | Use in conjunction with 90832, 90834, 90837 | CPT OP rate as of 1/1/13 = \$48.93 | No | Pharmacologic management including prescription and review of medication, when performed with psychotherapy services. | Medicaid/FAMIS FFS/GAP member = bill Magellan Medicaid/FAMIS MCO member = bill MCO |

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